edema from presumed catheter irritation and (4) calculus encrustation in the catheter.

A potential problem of this procedure might be erosion of the collecting system by a stiff catheter. It is therefore mandatory to check the position of the catheter to ensure that the tip is not abutting against a wall. Soft catheter material should be used as early as possible.

Infection within the perirenal space and catheter tract is also a potential hazard. We have not had this complication arise, although we have maintained patients on antibiotic coverage. However, in patients who initially had infected urine this complication has not developed.

Proposed contraindications would be the presence of renal neoplasm or renal tuberculosis. Hemorrhagic diathesis would also be considered a contraindication.

The technique is suitable for patients who are not surgical candidates for any reason. It may also be used as a temporizing treatment to buy time when other approaches are hazardous or before a more complex or definitive procedure can be carried out.

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Lactose-Barium Study as a Screening Test for Lactase Deficiency

INTESTINAL LACTASE DEFICIENCY is a condition in which there are low levels of lactase in the small bowel mucosa. This makes it difficult for lactose to be digested, a commonly occurring disaccharide.

Since the original description of the use of a lactose-barium mixture for the diagnosis of intestinal lactase deficiency, several studies have assessed its accuracy. Recently, Morrison and coworkers found that this radiographic procedure was 90 percent accurate in predicting lactase deficiency. Therefore, this simple test is an excellent screening procedure for discovering patients with low lactase levels. While many people with lactase deficiency are asymptomatic, there are also those with vague abdominal complaints who are unaware that their symptoms are related to lactose ingestion. By the routine use of a lactose-barium mixture, a radiologist may make the diagnosis of lactase deficiency which was unsuspected by both the patient and clinician. The radiographic features of the condition have been well described and consist of (1) rapid transit of the lactose-barium mixture through the small intestine, (2) dilatation of the small bowel and (3) dilution of the lactose-barium mixture in the small intestine.

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Lymphographic Patterns in Lymphoma

CERTAIN HISTOLOGICAL subtypes of lymphoma present a typical lymphographic appearance. Therefore, non-Hodgkin's lymphoma of the poorly or well-differentiated lymphocytic types—or of the mixed lymphocytic-histiocytic type (the old lymphosarcoma group)—characteristically present a homogeneous lymphographic picture. All or almost all of the visualized nodes are involved and show a similar pattern and degree of abnormality. Sharply defined intranodal filling defects are uncommon.

In contrast, Hodgkin's disease of the nodular sclerosis or of the mixed cellularity type shows a nonhomogeneous overall appearance on the lymphangiogram. Only some of the nodes are abnormal. The degree of nodal abnormality varies and well marginated filling defects are frequent. Lymph stasis is most often evident in this group.

Hodgkin's disease of the lymphocytic predominant type resembles the pattern of lymphosarcoma except that filling defects may occur. Non-Hodgkin's disease of the histiocytic type (reticulum cell sarcoma) is lymphographically similar to Hodgkin's disease of the nodular sclerosis type, but lymph stasis is less frequent.

In experienced hands, the lymphangiogram is more than 90 percent accurate in the diagnosis of lymphomatous involvement of visualized retro-